

## CORE Claims Team –Internal Recoupment Requests

### Purpose:

Recoupment Requests (total take-back of a paid claim) are submitted by IME Units due to claim reviews, provider request, or other receipt of checks. The IME Core Claims Team is responsible for processing all requests within 10 business days of receipt.

### Identification of Roles:

Adjustment Examiner – Reviews and processes internal recoupments within 10 business days of receipt

Claims Research Examiner – Reviews and processes internal recoupments within 10 business days of receipt, serves as a back-up to the Operations Coordinator

Operations Coordinator – Assists Adjustment Examiners with questions, trains on new processes, communicates changes (as directed by the Operations Team Lead and Operations Manager)

Operations Team Lead and Operations Manager – Monitors workload and ensures that performance measures are met on a monthly basis.

### Performance Standards:

Claims processed in error must be reprocessed within ten- (10) business days of identification of the error or upon a schedule approved by the State.

### Path of Business Procedure:

Step 1: Batch is opened in Medicaid Management Information System (MMIS)

Step 2: Request is received in OnBase from IME Units

Step 3: Requests are reviewed

- a. Incomplete or inaccurate Internal Requests are returned to the IME user through workflow, via an OnBase task

Step 4: Recoup the claim

- a. Open MMIS file 1 and enter the following information
  1. Input Medium
  2. Batch Date
  3. Microfilm Machine Number
  4. Batch Number
  5. Total Documents Number

6. Batch Type
7. Accounting Code

Step 5: The following information should be entered from the internal recoupment request into MMIS:

- a. Transaction Control Number (TCN)
- b. National Provider Identifier (NPI)
- c. State ID (SID)
- d. Credit Reason

Step 6: Add the recoupment TCN to the internal recoupment request in OnBase, from the MMIS screen file 1

### **Forms/Reports:**

Core 10 Day Completion Report

### **RFP References:**

5.2.2.3.4.2.1, 5.2.2.3.4.2.4, 5.2.2.3.4.2.122

### **Interfaces:**

Provider Services, Provider Cost Audit, Program Integrity, Revenue Collections, Medical Services, Department of Inspections and Appeals (DIA)

### **Attachments:**

None